SUICIDE
Across the Lifespan
ABOUT ABCT

ABCT is dedicated to bridging communication between scientific and clinical members and the media as well as the public.

We do that in a few ways by

• respond to media inquiries about CBT-related topics by connecting interested journalists, writers, and producers with relevant ABCT experts.

• develop initiatives to assist ABCT members in communicating with the public about science and evidence-based practice. Possible video.

• develop resources to help communicate with the media for ABCT members, journalists, and the public at large if we offered compendiums of relevant resources ("Briefing Books") that provide information about the current science presented in layman's terms.
S U I C I D E  A C R O S S  T H E  L I F E S P A N
The Association for Behavioral and Cognitive Therapies (ABCT) is a multidisciplinary organization committed to the enhancement of health and well-being by advancing the scientific understanding, assessment, prevention, and treatment of human problems through the global application of behavioral, cognitive, and biological evidence-based principles. ABCT is committed to a policy of equal opportunity in all of its activities, including employment. ABCT does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, sex, sexual orientation, gender identity or expression, age, disability, or veteran status.
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Association for Behavioral and Cognitive Therapies (ABCT) would like to thank our dedicated contributors without whom this project could not have happened.

Our organization is strengthened by your contribution and commitment to supporting our mission and vision. The wider community benefits daily from your efforts to support evidence based research and your commitment to those in your care.

in gratitude
The American Psychiatric Association describe a history of trauma to include experiencing, witnessing, or learning about an actual or threatened physical injury, sexual violation, death, or repeated exposure to learning about the details of trauma through an occupation. In some cases, receiving a diagnosis of a chronic illness, including human immunodeficiency virus (HIV), cancer, or other serious medical condition, may be experienced as an index trauma that precipitates psychological distress. Given that chronic medical conditions can lead to PTSD and the development of suicide thoughts and attempts, special examples of medical conditions that increase risk for suicide will be reviewed. The psychological consequences of exposure to trauma are numerous, including a variety of medical and psychiatric comorbidities. Posttraumatic stress disorder (PTSD) is one example of psychological consequence of trauma exposure; PTSD is diagnosed when a participant has been exposed to a trauma and develops symptoms across four symptom clusters, namely: alterations in arousal and reactivity, intrusions, avoidance, and negative alterations in cognitions and mood. Another common reflection of psychological distress following trauma exposure is suicidal ideation and behavior.
SUICIDAL BEHAVIOR COMMON FOLLOWING TRAUMA
40% OF PEOPLE WITH PTSD REPORT SUICIDAL IDEATION
Approximately 8% of individuals in the United States will meet criteria for PTSD at some point in their lifetime. Among individuals who meet criteria for PTSD, approximately 40% will report suicidal ideation, and about 10% will have a lifetime history of a suicide attempt.
Risk for suicide is particularly elevated among individuals who develop PTSD. Civilians, veterans, and active duty military personnel with a diagnosis of PTSD are significantly more likely to experience thoughts about suicide, sometimes referred to as suicidal ideation. In addition, individuals with PTSD are more likely to make suicide attempts. Some studies suggest that PTSD confers a greater risk of dying by suicide, though the evidence on this topic mixed. PTSD is one of only a few psychiatric conditions that is associated with the transition from thinking about suicide to engaging in suicidal behavior. Once an individual has PTSD, subsequent exposure to future traumatic experiences (e.g., natural disaster exposure) further increases risk for suicide. A number of possible mechanisms of the association between PTSD and suicide may explain their connection, including social disconnection, trauma-related cognitions, and alterations in arousal.
Clinician interview assessments for PTSD include the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and the PTSD Symptom Scale-Interview (PSSI-5). Self-report measures include the PTSD Checklist for DSM-5 (PCL-5) and the Posttraumatic Diagnostic Scale (PDS-5).
Evidence-based treatments for PTSD, including prolonged exposure therapy (PE) and cognitive processing therapy (CPT), are each associated with significant reductions in suicidal ideation. Reductions in suicidal ideation during PTSD treatment appear to be driven by reductions in PTSD symptoms, which result in reductions in depression, which ultimately reduces suicidal ideation. However, the majority of clinical trials for PTSD exclude participants who are at high-risk for suicide. This limitation to existing studies prevents an understanding of the impact of evidence-based PTSD treatments on suicidal behavior in high-risk individuals.
Why is a chronic illness a risk for suicide?

Some commonalities across chronic medical conditions may contribute to their influence on suicide risk. These conditions often negatively impact sleep, and disordered sleep is a known risk factor for suicidal ideation. Persistent pain is common in chronic illness, and catastrophizing about pain, predicts suicidal ideation and attempts. Hopelessness is a known risk factor for suicide that may be more common among patients with chronic medical illnesses. Depression is a common consequence of chronic medical conditions, and known to contribute to suicide risk.

Is asthma associated with death by suicide?

Respiratory diseases, such as asthma, significantly increase risk for suicide. Even after adjusting for mood disorders, asthma increases the risk of suicidal ideation and attempts. Individuals with asthma have twice the risk of suicide death. One possible reason for the increased risk of suicide among individuals with asthma may be panic disorder comorbidity, which is also independently associated with increased risk for suicide attempts.

Do people diagnosed with cancer consider suicide?

Individuals with cancer have nearly twice the rate of suicide compared to the general population. Risk factors for suicide among individuals with cancer include male sex, older age of diagnosis and white race, and being within 5 years of the cancer diagnosis. Risk for suicide decreases rapidly after the first year of cancer diagnosis. Individuals with prostate, lung, pancreatic, and head and neck cancers are at highest risk. Depression may be a critical underlying mechanism of this association in men, but less so in women.
Anti-retroviral therapies (ART), individuals who contract HIV can live long and healthy lives. Nevertheless, individuals who are living with HIV remain at significantly elevated risk for suicide. Among persons living with HIV who achieved viral suppression but died, suicide is the second leading cause of death. Among people living with HIV is under 50 years old, suicide was the leading cause of death (17% men, 25% women). One type of ART (efavirenz) is independently associated with increased risk for suicidal thoughts and behaviors.

Persons living with HIV are 4.7-7.6 times more likely to report suicidal ideation and suicide attempts if they have trauma-related disorders. Each additional trauma exposure is associated with a 19% increase in the risk of suicidal ideation. Other risk factors for suicidal thoughts and attempts among persons living with HIV include substance use, social disconnection, cognitive decline, and sleep disorder symptoms.
ABCT Press Office

Responsible for all ABCT publications and ABCT's website. Coordinates projects with the Publications Committee. Handles press relations for ABCT. In Executive Director's extended absence, serves as Deputy Director.

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David Teisler, CAE
Director of Communications & Deputy Director

Media Finding Experts

ABCT has a list of speakers and subject matter experts on topics such as PTSD, anxiety, suicide, and more. Details available on the website or by contacting the ABC Press Office.
Media Guidelines for the Responsible Reporting & Depicting of Nonsuicidal Self-Injury (NSSI)

1. Avoid use of NSSI-related images and details within text, especially of NSSI wounds and methods/tools.

2. Highlight efforts to seek treatment, stories of recovery, adaptive coping strategies as alternatives to NSSI, and updated treatment and crisis resources.

3. Avoid misinformation about NSSI by communicating peer-reviewed and empirically supported material, including distinguishing NSSI from suicide.

4. Present information neutrally; avoid exaggerated descriptions of NSSI prevalence and sensational headlines that include NSSI, especially the method of NSSI.

5. Use non-stigmatising language and avoid terms that conflate person and behaviour (e.g., cutter, self-injurer).

6. Assure that online article comments are responsibly moderated.
## Suicide Statistics

### Leading Cause of Death in the United States (2018)

**Data Courtesy of CDC**

<table>
<thead>
<tr>
<th>Rank</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>All Ages</th>
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<tbody>
<tr>
<td>1</td>
<td>Unintentional Injury 692</td>
<td>Unintentional Injury 12,044</td>
<td>Unintentional Injury 24,614</td>
<td>Unintentional Injury 22,667</td>
<td>Malignant Neoplasms 37,301</td>
<td>Malignant Neoplasms 113,947</td>
<td>Heart Disease 655,381</td>
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<td>2</td>
<td>Suicide 596</td>
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<td>Suicide 8,020</td>
<td>Malignant Neoplasms 10,640</td>
<td>Heart Disease 32,220</td>
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<td>Malignant Neoplasms 599,274</td>
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<td>Malignant Neoplasms 450</td>
<td>Homicide 4,607</td>
<td>Homicide 5,234</td>
<td>Heart Disease 10,532</td>
<td>Unintentional Injury 23,056</td>
<td>Unintentional Injury 23,693</td>
<td>Unintentional Injury 167,127</td>
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<td>4</td>
<td>Congenital Abnormalities 172</td>
<td>Malignant Neoplasms 1,371</td>
<td>Malignant Neoplasms 3,684</td>
<td><strong>Suicide 7,521</strong></td>
<td><strong>Suicide 8,345</strong></td>
<td>CLRD 18,804</td>
<td>CLRD 159,486</td>
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<td>Homicide 168</td>
<td>Heart Disease 905</td>
<td>Heart Disease 3,561</td>
<td>Homicide 3,304</td>
<td>Liver Disease 8,157</td>
<td>Diabetes Mellitus 14,941</td>
<td>Cerebrovascular 147,810</td>
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<td>Heart Disease 101</td>
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<td>Liver Disease 1,008</td>
<td>Liver Disease 3,108</td>
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<td>Liver Disease 13,945</td>
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<td>Diabetes Mellitus 84,946</td>
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<td>Cerebrovascular 54</td>
<td>Influenza &amp; Pneumonia 200</td>
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<td>Influenza &amp; Pneumonia 59,120</td>
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<td>9</td>
<td>Influenza &amp; Pneumonia 51</td>
<td>CLRD 165</td>
<td>HIV 482</td>
<td>Influenza &amp; Pneumonia 956</td>
<td>Septicemia 2,380</td>
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<td>Nephritis 51,386</td>
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<td>10</td>
<td>Benign Neoplasms 30</td>
<td>Complicated Pregnancy 151</td>
<td>Influenza &amp; Pneumonia 457</td>
<td>Septicemia 829</td>
<td>Influenza &amp; Pneumonia 2,339</td>
<td>Influenza &amp; Pneumonia 5,858</td>
<td>Suicide 48,344</td>
</tr>
</tbody>
</table>

CLRD: Chronic Lower Respiratory Disease
USEFUL RESOURCES

www.veteranscrisisline.net

www.suicidepreventionlifeline.org

www.afsp.org

www.theactionalliance.org
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SEXUAL & GENDER MINORITIES

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